



NORTH CAROLINA

*Division of Aging  
and Adult Services*

**2008 Annual Report**







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**[www.ncdhhs.gov/aging](http://www.ncdhhs.gov/aging)**





Dear Colleagues and Friends:

I am pleased to share this overview of some of the significant work that our Division of Aging and Adult Services (DAAS) undertook during 2008. Similar to our 2007 report, we have highlighted our activities in terms of six overall goals that are vital to seniors, adults with disabilities, and their families. These include empowering our citizens with information and choices, supporting family caregivers, protecting the interests and rights of vulnerable adults, promoting healthy aging and the active engagement of seniors, helping ready our communities and younger generations for aging, and assuring good stewardship of resources and the public's trust. Our progress in each of these areas is largely due to the strong partnerships we enjoy with the 17 Area Agencies on Aging, the 100 County Departments of Social Services, and the many other local service providers as well as our sister health and human services agencies at the state level. We want to also acknowledge and thank consumer advocates and public officials for their input and support.

As we begin 2009, we are both optimistic and anxious. We are excited that Governor Perdue chose to include among her budget priorities support for older adults and the families who care for them. We are anxious about the growing list of those waiting for such key services as in-home aide and home-delivered meals and about the stresses on local providers of the current economic situation facing our nation, state, and local communities. We are fortunate that some of the Federal Recovery funds are coming to North Carolina for elderly nutrition services and older workers in the Senior Community Service Employment Program.

The challenges that we face are numerous and enormous but then, so are the opportunities and the possibilities. We must be eager to listen to the voices of seniors, adults with disabilities, and their families in their expression of concerns, interests and ideas; steadfast in our commitment to quality and reliable public service; earnest in our collaborations; and creative in our imagination. At this time in our history, we should be proud of our accomplishments but also proactive in strengthening our commitment towards our pursuit of making a positive difference in the lives of citizens across our state. We hope that you will join us in this pursuit and we welcome your ideas, enthusiasm, and resources.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Streets". The signature is written in a cursive, flowing style.

Dennis W. Streets  
Director







# North Carolina Division of Aging and Adult Services

## 2008 Annual Report

### Empowering Citizens with Information and Choices

#### Senior Community Service Employment Program

DAAS administers the Senior Community Service Employment Program (SCSEP) for various North Carolina communities. Federally funded under Title V of the Older Americans Act, SCSEP seeks to place people aged 55 and older, who are economically disadvantaged into useful part-time community service positions until they can achieve unsubsidized employment. During 2008, 261 participants were enrolled in the SCSEP. Of those 261 participants, 79 found unsubsidized employment at an average starting wage of \$8.79 an hour, exceeding the Department of Labor's performance goal for average earnings by 15%.

#### Special Assistance In-home Program

During 2008, the State/County Special Assistance In-home Program (SA/IH) for Adults continued to expand in the number of participants statewide. From January 1, 2008 to the end of December, the 91 participating counties saw their authorized slots grow from 2,169 to 2,315

and their active cases from 1,371 to 1,890. By law, the total number of active SA/IH slots can equal up to 15% of the overall statewide Special Assistance caseload (House Bill 1473, Session Law 2007-323).

The SA/In-Home Program provides a cash supplement to help low-income individuals who are at risk of entering an Adult Care Home (ACH) and would like to remain at home. Participants of the program must be eligible for Medicaid. The SA/IH Program payment helps with living expenses such as food, shelter, clothing, Medicaid co-payments, and other necessities. A county Department of Social Services (DSS) case manager works with the participants to assist in the coordination of available community resources.

#### *How does the SA/In-Home Program work in helping individuals remain at home?*

Below are some actual situations in which the program is making a difference.

- ❑ A woman with cerebral palsy, seizures, and curvature of the spine is now able to go to water aerobics. She is able to pay for these sessions and get transportation to them. Her SA/IH payment also has allowed her to purchase a leg brace and extra in-home aide hours beyond what Medicaid provides.
- ❑ An older woman who lives alone and is confined to a wheelchair has been able to have roof repairs and a new heater to keep her home livable.
- ❑ A recipient with cancer has been able to purchase nutritional drink supplements, a comfortable chair, and adequate blankets with his payments.





## Supporting Family Caregivers

### Project C.A.R.E

Since 2001, Project C.A.R.E. (“Caregiver Alternatives to Running on Empty”) has provided critical respite care and comprehensive support to more than 2,500 NC families caring for a person with dementia at home, with particular emphasis on serving low-income rural and minority communities. In July 2008, Project C.A.R.E. received a nonrecurring State appropriation of funds (\$500,000) to sustain three existing program sites serving 14 western and piedmont counties. With new federal funds for NC REACH, two new program sites are now being developed in eastern North Carolina. In total, there are five designated program sites serving the following 18 counties: 1) **Charlotte** (via Mecklenburg County DSS – Mecklenburg); 2) **Winston-Salem** (via Western Carolina Alzheimer’s Association – Forsyth, Surry and Stokes); 3) **Asheville** (via Western Carolina Alzheimer’s Association – Polk, Henderson, Transylvania, Rutherford, Madison, McDowell, Buncombe, Haywood, Jackson and Swain); 4) **Pembroke** (via Lumber River AAA – Robeson and Bladen); and 5) **Washington** (via Mid-East Commission AAA – Northampton and Hertford). Pending the availability of recurring State funds, additional eastern counties will be added over the next two years. Plans are in place to gradually expand Project C.A.R.E. across the state.

*Getting a break certainly helps me keep a smile on, and makes me a better person to give him the care he needs and deserves.*

*– Project C.A.R.E. Client*

*We could never have kept (our mother) at home this long without Project C.A.R.E. It has been so very, very helpful to us.*

*– Project C.A.R.E. Client*

### NC REACH II Translation Project

In October 2008, DAAS received a new three-year federal grant through the U.S. Administration on Aging Alzheimer’s Disease Demonstration Grants to States (ADDGS) Program. The new federal project is enhancing Project C.A.R.E. and is helping expand it into eastern North Carolina. Project C.A.R.E. now offers an additional service option to client families entitled REACH (“Resources for Enhancing Alzheimer’s Caregiver Health”). REACH is an evidence-based Alzheimer’s intervention proven effective in over 10 years of clinical research funded by the National Institutes of Health. DAAS and key partners are “translating” the clinically tested intervention into a “real-world” community setting. REACH serves as an advanced level of counseling and training for high-risk families, offering seven core components which include: 1) risk assessment; 2) information and training about Alzheimer’s, caregiving and stress; 3) guidance and encouragement in physical self-care and safety; 4) recommendations for reducing safety risks within the physical home environment; 5) strategies for managing challenging behaviors; 6) tips on how to access social support and community resources; and, 7) techniques for relaxation and stress management.



## Protecting the Interests and Rights of Vulnerable Adults

### Strategic Alliances for Elders in Long-Term Care

The Strategic Alliances for Elders (SAFE) in Long-Term Care Task Force celebrated its fifth anniversary with another successful year of training for law enforcement and educational events aimed at protecting vulnerable seniors in long term care. A new sub-committee, **Long-Term Care and Law Enforcement**, began creating training for long-term care providers and their staff around key issues such as building relationships with law enforcement and fostering strong communication within the facility, with family members, and the general public, especially when an incident occurs.

**Voiceless Victims**, the three-day course developed by the Task Force specifically for law enforcement officers was taught twice at the N.C. Justice Academy's Salemburg campus. Thirty individuals completed the course.

Online classes will be available through the N.C. Justice Academy in 2009. The online class will include several of the modules from the curriculum and will hopefully spur students' interest so that they will enroll in the full three-day class.

### Proposed Reform of North Carolina's Adult Protective Services Program

"The Vulnerable Adult Protection System (VAPS)," formerly known as the Adult Protective Services (APS) Clearinghouse Model, has been proposed as a new and more comprehensive system of protection for adults who are abused, neglected, or exploited or who are at substantial risk. The proposed reform would change the emphasis of APS to a multifaceted array of protective services rather than merely a problem-solving, symptom-based intervention. To test this model, DAAS has suggested a multi-county pilot that would allow potentially twice as many vulnerable and older adults to be served.

The N.C. Study Commission on Aging has endorsed this reform, along with other state-wide advocacy groups. Efforts are underway to secure funds to support the proposed pilot. DAAS continues to work with the N.C. Association of County DSS Directors and the N.C. Association of Area Agencies on Aging in their promotion of the federal Elder Justice Act, which would support APS reform and the Long-Term Care Ombudsman Program if enacted.

### Ombudsman Collaborating with Community Resource Connections

The Office of State Long-Term Care Ombudsman collaborated with the Department's Office of Long-Term Services and Supports to conduct teleconference training for regional ombudsmen to facilitate their work with the emerging Community Resource Connections (CRCs) for Aging and Disability. Long-Term care ombudsmen advocate for residents of nursing homes and adult care homes, assist them with resolving complaints, conduct educational





events for residents and the general public, and provide information to both residents and facility staff on long-term care issues. In this role, regional ombudsmen can help identify individuals who may benefit from the services offered through the CRCs. Regional Ombudsmen may be the initial contact for a resident who wants information about how to transition out of a long-term care facility back into the community. Also, they can provide information to family members who may be seeking other community-based long-term supports for a loved one prior to considering placement in a long term care facility.

Visit [www.ncdhhs.gov/aging/ombud/Annual-OmbudsmanReport2007.pdf](http://www.ncdhhs.gov/aging/ombud/Annual-OmbudsmanReport2007.pdf) to read about the Long-Term Care Ombudsman Program.

## Disability and Elderly Emergency Management

In 2008, DAAS completed its support of the Disability and Elderly Emergency Management (DEEM) Task Force, culminating with a report ([www.nccrimecontrol.org/div/em/Documents/DEEM\\_Report\\_of\\_Recommendations.pdf](http://www.nccrimecontrol.org/div/em/Documents/DEEM_Report_of_Recommendations.pdf)) and two summits. Chaired by Secretaries Bryan Beatty (Crime Control and Public Safety), Dempsy Benton (Health and Human Services), and Allison Breedlove (consumer advocate), the DEEM Task Force committees focused on mitigation, preparedness, response, and recovery. In deciding which issues to address, committee members used information obtained from previously held (2007) community forums and tapped the expertise of many contributors. They then drafted 16 recommendations designed to advise first responders and other stakeholders on ways to strengthen the emergency preparedness and response for people with disabilities and the elderly living in North Carolina. The recommendations address diverse issues. Some are specific to departments

of emergency management or to one stage such as preparedness or mitigation, and others cross multiple stages and include a role for a variety of first responders and public services agencies. Nearly all of them reiterate a need for increased collaboration across agencies and suggest broadening representation on planning, training, and drilling to include older adults, people with disabilities, and others who face challenges related to disaster preparedness and response. A cross-cutting message of the public forums, committees, and the resulting recommendations was the need for uniformity in operations and a sharing of plans, materials, and best practices. The regional summits, held in Asheville and New Bern, gave about 460 community leaders the opportunity to share their comments regarding the final report and strengthen local collaboration.

There were four overarching recommendations believed essential to continuing this important work: (1) encourage the State Emergency Response Commission (SERC), as an advisory body to the Secretary of the Department of Crime Control and Public Safety, to consider how agenda issues and proposed actions would affect older adults, people with disabilities, and those with other significant accommodation needs; (2) recommend that resources be secured to create at least one permanent position within the Division of Emergency Management dedicated to planning, preparing, training, and organizing disaster response capacity to represent these populations' needs, working in partnership with DHHS and many other stakeholders; (3) work with the North Carolina House Standing Committee on Homeland Security, Military and Veterans Affairs, and the Senate's Joint Selection Committee on Emergency Preparedness and Disaster Management Recovery, to assure that adequate consideration and resources are brought to issues affecting state and local response to older adults, people with disabilities, and those with other significant accommodation



needs; and (4) and incorporate, wherever possible, these recommendations developed by the DEEM Task Force within the State Emergency Management Plan.

## Promoting Healthy Aging and the Active Engagement of Seniors

### Living Healthy

DAAS and the Division of Public Health (DPH) have continued to collaborate to implement and sustain the evidence-based Stanford University Chronic Disease Self-Management Program (CDSMP) to reduce the risk of disease and disability among seniors. The project name was changed to **Living Healthy** to better reflect its mission. Using the model, DAAS and our partners are working toward offering the program in 46 counties, targeting low-income, minority, and rural older adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. Over 300 older adults have taken part in **Living Healthy**, and nearly 80 people have been trained as lay leaders.



*Thank you for adding richly to my life and understanding of health and wellness!*

– Living Healthy participant

*I really enjoyed the six weeks I spent learning how to handle the challenges related to my medical conditions. It has empowered me to take more control over my health care by finding a new doctor and being examined for the management of sleep apnea.*

– Living Healthy participant

## Senior Driver Safety and Transportation Alternatives

Maintaining the ability to drive a vehicle often represents not only access to needed services and valued community connections, but also freedom of movement, dignity, and independence. DAAS partners with many other stakeholders to promote the safety of older drivers and expand transportation options. DAAS was an active partner in the N.C. Senior Driver Safety Coalition in 2008. The coalition continued its efforts to build a multifaceted approach that includes roadway improvements (especially in relation to signage and hazardous intersections), capacity-building for engineers and planners to aid their accommodation of older drivers and pedestrians, training for law enforcement to identify at-risk drivers, and increased public awareness of a broad array of resources to help older drivers and their families during the years of transition prior to retirement from driving. While working to keep older drivers on the road safely for as long as possible, DAAS also continued to promote transportation coordination within the human services network and to expand availability of transportation alternatives by working collaboratively with other agencies at the state level.





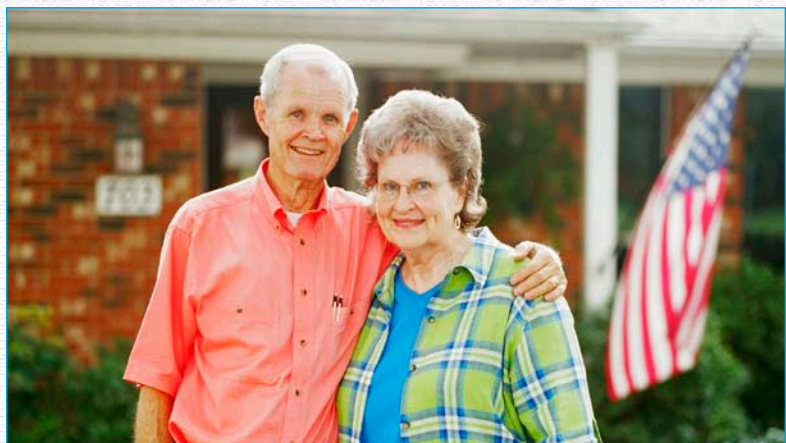
*2008 marked the 10th anniversary of the Senior Center Certification Program. North Carolina is the only state in the nation that has this program, which has been recognized as a national best practice. In 2008, A Senior Center Capacity Survey was conducted and the results were compared with a similar survey conducted in 2001. Some significant findings were:*

- Certified centers are significantly more likely than noncertified centers to serve larger numbers of ethnic minority groups, the oldest old (ages 80+), and those with sensory impairments.*
- On average, certified centers offer more services at the center than noncertified centers. Such services include tax preparation, legal services, medical transportation, and job training.*
- Certified centers offer significantly more classes or other regularly scheduled activities per week than noncertified centers.*
- Certified centers use an average of 136 volunteers over the course of a year while noncertified centers use an average of 66.*

*Centers today are struggling with adjusting to a future of serving today's seniors and aging baby boomers with limited resources along with a weak economy and rising costs. Certification results in significant, positive changes and ensures that senior center programming maintains quality and meets high standards.*

## Enrichment and Recognition of Senior Centers

In 2008, DAAS continued efforts to strengthen senior centers as effective community focal points for information, assistance and civic engagement through its voluntary certification of Senior Centers of Merit and Excellence ([www.ncdhhs.gov/aging/scenters/scenters.htm](http://www.ncdhhs.gov/aging/scenters/scenters.htm)), its Ann Johnson Institute for Senior Center Management, and the 2008 North Carolina Senior Center Leadership Symposium. The DAAS certification process strengthens the capacity of senior centers by providing a set of measures to enhance operation and programming of senior centers. During the last state fiscal year, ending June 30, 2008, there were 9 new certifications out of a total of 24 site team visits. As of December 2008, among the existing 164 senior centers in 98 counties, 61 were Centers of Excellence and 5 were Centers of Merit. Fourteen Senior Center Managers completed the Ann Johnson Institute for Senior Center Management during 2008, meaning that they received 90 hours of training associated with the Institute's six modules. To further support senior center managers who have completed the Ann Johnson Institute, DAAS developed the new N.C. Senior Center Leadership Symposium in partnership with the N.C. Senior Center Alliance, part of the N.C. Association on Aging. The second of these annual symposia was held in August 2008.





## Helping Ready Our Communities and Younger Generations for Aging

### Aging Studies

DAAS completed work on two reports requested by the North Carolina General Assembly pertaining to the aging of the state's population. First, State Law 2007-355 directed DAAS to study six counties which had or were projected to have by 2030, more persons age 60 than age 17 and younger. The six counties were Brunswick, Buncombe, Gaston, Henderson, Moore and New Hanover. DAAS used existing resources and new information that it gathered with help from other DHHS agencies and the Area Agencies on Aging to profile the counties. DAAS examined current and projected demographics, programs and services, funding sources currently in place, and future services needs. DAAS used the livable and senior-friendly community concept to frame many of the results in this study. In addition, later-life migration flow into the six counties was examined. The report on the six counties, which was submitted to the North Carolina Study Commission on Aging, is available on the DAAS website at [www.ncdhhs.gov/aging/demographic/agingstudy\\_6county.htm](http://www.ncdhhs.gov/aging/demographic/agingstudy_6county.htm).

Second, S.L. 2007-355 directed DAAS to offer recommendations for a comprehensive, statewide study after examining what other states have done. Working through the National Association of State Units on Aging, DAAS surveyed all states

and received information about 15 other states that had conducted a study in the past five years. Using the best features of those studies and its own ideas, DAAS presented its recommendation to the Study Commission on Aging ([www.ncdhhs.gov/aging/demographic/Report-RecommendationsforStatewideAgingStudy.pdf](http://www.ncdhhs.gov/aging/demographic/Report-RecommendationsforStatewideAgingStudy.pdf)). The Commission endorsed the report, which led to bills introduced in the House and Senate.

### NC Conference on Aging

In October, DAAS partnered with the UNC Institute on Aging, AARP, the N.C. Association of Area Agencies on Aging, the N.C. Association on Aging, and the Governor's Advisory Council on Aging to offer the 2008 North Carolina Conference on Aging in Greenville. The theme of the conference was "Healthy? Wealthy? and Wise? Growing Older in North Carolina." The North Carolina Division of Aging and Adult Services Awards are presented every year at the NC Conference on Aging. The three awards were initiated in 1990 to recognize individuals, organizations, programs, and communities that have made significant contributions in support of efforts to enhance the lives of older adults. The award recipients for 2008 were:

#### Ewald W. Busse Award

Pam Silberman, JD, DrPH

#### George L. Maddox Award

Edna Ballard, MSW

#### Ernest B. Messer Award

Buncombe County, NC and the Buncombe County Aging Coordinating Consortium





## **Assuring Good Stewardship of Resources and the Public's Trust**

### **Performance Outcome Measures Project (POMP)**

In 2008, DAAS continued participation in the Performance Outcome Measures Project (POMP). This is the ninth consecutive year of NC's participation in this national demonstration initiative. DAAS is one of several states to receive funding from the U.S. Administration on Aging (AoA) to develop consumer surveys and test them with service recipients. These surveys are designed to collect self-reported client outcomes and to document the effect of receiving home and community-based services. The Administration on Aging plans to make these surveys available on its website in the future to any agency. In preparation for this, DAAS and the national workgroup completed a series of validity studies on survey questions not previously validated through other research projects. In addition to service-specific surveys, DAAS and other POMP grantees developed and tested a brief survey of a statewide sample of service recipients that might be a useful alternative when limited resources do not permit more extensive client interviews.

A related POMP grant (Advanced POMP) allowed DAAS to continue a special research project in partnership with the UNC Center for Aging Research and Educational Services (CARES). CARES and DAAS are developing and analyzing a database of existing client and service utilization data from both the Medicaid and Home and Community Block Grant (HCCBG) information systems, rather than collecting new information from consumer surveys. Analysis is underway on a retrospective study of former

recipients of HCCBG services in a small pilot project area (Forsyth and Surry counties). DAAS will use lessons learned in 2008 from this limited database to do expanded research in the future for a larger geographical area. With other national grantees, DAAS and CARES are working on a model that can provide insight into the role that home and community-based services play in delaying or preventing nursing home placement. Already from the initial analysis, there are some interesting findings. For example, in comparing former HCCBG service recipients who were placed in nursing homes with those living at home who had risk factors equal to or greater than those in nursing homes, there were differences in the level of HCCBG services they received. Individuals living at home were significantly more likely to have received home-delivered meals and were significantly more likely to have received more than one HCCBG service. These findings suggest that home-delivered meals in particular and more diverse service packages are key to the prevention or delay of nursing home placement for the frailest of our clients.

### **State Fiscal Year 07-08 Community-Based Services Expenditures**

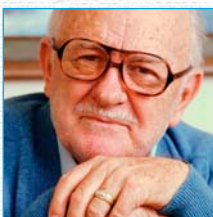
DAAS continues to effectively utilize federal funding and state appropriations for the provision of community-based services for the aged and disabled. The Home and Community Care Block Grant (HCCBG) awards federal Older Americans Act and state appropriations to counties through area agencies on aging to serve adults age 60 and older. Through local planning, counties choose from 18 services to meet identified needs to assist older adults. Core services are adult day services, in-home aide, respite care, case management, information and assistance, congregate meals, home-delivered meals, and transportation. Including local match, \$56,772,048



was awarded to counties in State Fiscal Year (SFY) 07-08. A total of \$56,638,201 or 99.8% of HCCBG funding was expended in communities to serve 62,062 older adults.

The State Adult Day Care Fund uses federal Social Services Block Grant and state appropriations to provide adult day care and adult day health services to adults age 18 and older. DAAS awarded funding to 62 counties to contract for adult day services through their department of social services. Including local match, \$4,540,265 was awarded to these counties in SFY 07-08. A total of \$4,485,531 or 98.8% of State Adult Day Care Fund resources was expended to serve 1,380 individuals.

The State In-home Fund uses federal Social Services Block Grant and state appropriations to provide in-home aide, adult day services, housing and home improvement, and nutrition services to adults ages 18 and older. This funding is awarded to all 100 counties. Including local match, counties expended 100% of the \$2,401,271 that was awarded in SFY 07-08. Services were provided to 4,267 individuals.



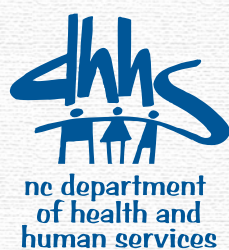












State of North Carolina | Beverly Eaves Perdue, Governor  
Department of Health and Human Services  
Lanier M. Cansler, Secretary  
Division of Aging and Adult Services  
Dennis W. Streets, Director  
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06/09